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CONFIRMATION NO. 8554

SERIAL NUMBER 10/785,473	FILING OR 371(c) DATE 02/24/2004 RULE	CLASS 705	GROUP ART UNIT 3691	ATTORNEY DOCKET NO. AI 7391 C1
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/629,323 07/31/2000 PAT 7,260,548 which claims benefit of 60/189,551 03/15/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/15/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 11	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

## ADDRESS

1688

## TITLE

LONG TERM DISABILITY OVERPAYMENT RECOVERY SERVICE WITH INTERACTIVE CLIENT COMPONENT

FILING FEE RECEIVED 868	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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